

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027257

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3096

Registrar's No.

484

STATE FILE NUMBER

FILED JUL 19 1963

1. PLACE OF DEATH

a. COUNTY

BOONE COUNTY #032

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Columbia

Length of stay in 1b
2 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Audrain

c. CITY OR TOWN Mexico

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Boone County Hosp't

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
511 W. Love St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

CHARLES

H.

PULIS

4. DATE OF DEATH

Month July

Day 13

Year 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☒ Never Married ☐
☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Nov. 12, 89

9. AGE (last birthday)

73 yrs.

10. IF UNDER 1 YEAR

Months Days Hours Min.

11. IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mail Carrier

10b. KIND OF BUSINESS OR INDUSTRY

Post Office

11. BIRTHPLACE (City and state or country)

Audrain County, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John D. Pulis

13b. MOTHER'S MAIDEN NAME

Lucy Wisdom

14. NAME OF HUSBAND OR WIFE

Nancy Pulis

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
Yes

17. INFORMANT

Nancy Pulis, Mexico, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Right cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

3 1/2 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebral artery sclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 19 49 to death and last saw him alive on day of death
Death occurred at 8 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Elmer P. Rodgers MD

22b. ADDRESS

210 So. Tenth

22c. DATE SIGNED

13 July 63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

July 16, 63

23c. NAME OF CEMETERY OR CREMATORY

East Lawn

23d. LOCATION (City, town, or county)

Mexico, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Precht Funeral Home, Mexico, Mo.

25. DATE RECD. BY LOCAL REG.

July 14 1963

26. REGISTRAR'S SIGNATURE

Mrs. R.E. Palmer

JAN 23 1963

JUL 25 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Delbert A. Eaker

Licensed Embalmer No. 5231

P. O. Address Mexico, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.